

Fill in this information to identify your case:

Debtor 1 **Jason Ryan Martin**
First Name Middle Name Last Name

Debtor 2 **Amanda Gayle Martin**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00010**
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	398,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	36,304.50
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	434,304.50

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	346,009.00
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	92,604.00
Your total liabilities		\$ 438,613.00

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	10,295.31
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	8,418.80

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **14,697.99**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 9,146.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 9,146.00

Fill in this information to identify your case and this filing:

Debtor 1 **Jason Ryan Martin**
First Name Middle Name Last Name

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(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

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☐ Check if this is an amended filing

Official Form 106A/B**Schedule A/B: Property****12/15**

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

34 Rockdale Dr

Street address, if available, or other description

Seven Valleys PA 17360-0000

City State ZIP Code

York

County

What is the property? Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?**\$398,000.00****Current value of the portion you own?****\$398,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>**\$398,000.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

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3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No
☒ Yes

3.1 Make: **Chevrolet**
Model: **Silverado 1500 Reg. Cab**
Year: **2018**
Approximate mileage: **110000**
Other information:
Also blueish gray; Based on KBB Values; Good condition; LT 8 ft

Who has an interest in the property? Check one

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$11,173.00	\$5,586.50

3.2 Make: **Hyundai**
Model: **Palisade Limited**
Year: **2020**
Approximate mileage: **120,000**
Other information:
Bluish gray; Based on KBB values/Good condition

Who has an interest in the property? Check one

☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$14,200.00	\$14,200.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☐ No
☒ Yes

4.1 Make: **Forest River**
Model: **Wildwood**
Year: **2017**
Other information:
RV

Who has an interest in the property? Check one

☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$14,100.00	\$14,100.00

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$33,886.50

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe.....

See attached list

\$2,118.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☒ No

☐ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Misc apparel

\$300.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No

☐ Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,418.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes.....

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17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Checking**

M&T Bank

\$0.00

17.2. **Checking**

PNC Bank

\$0.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**MACK Unlimited Services, LLC; Value - only
Asset is A/R (Mechanic's Lien v. New Freedom
Business Park, LLC, filed to 2021-ML-000317 for
\$11556.49); Liabilities exceed Assets - No net
value; Business is not operating**

100 %

\$0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

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26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

State Farm; \$15,000 Death Benefit; No cash value

Amanda Martin

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

Debtor 1 **Jason Ryan Martin**
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Case number (if known) **1:25-bk-00010**

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$0.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$398,000.00
56. Part 2: Total vehicles, line 5	\$33,886.50	
57. Part 3: Total personal and household items, line 15	\$2,418.00	
58. Part 4: Total financial assets, line 36	\$0.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+	
62. Total personal property. Add lines 56 through 61...	\$36,304.50	Copy personal property total \$36,304.50
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$434,304.50

14. Attach an itemized, room by room list of all household goods, furniture, furnishings and appliances, giving an auction or "yard sale" value for each item.

1. COUCH AND LOVE SEAT	\$ 150
2. 2 END TABLES	\$ 20
3. DINING ROOM TABLE	\$ 150
4. 3 BAR STOOLS	\$ 30
5. FRIDGE	\$ 100
6. STOVE	\$ 50
7. DISHES	\$ 15
8. GLASSES AND CUPS	\$ 18
9. BAKE WARE	\$ 20
10. POT AND PANS	\$ 30
11. VAC	\$ 40
12. 2ND FRIDGE	\$ 50
13. WORK BENCH	\$ 35
14. BED ROOM FURNITURE	\$ 175
15. ADULT FEMALE CLOTHES (All)	\$ 200
16. ADULT MENS CLOTHES	\$ 100
17. 32" TV	\$ 75
18. LIVING ROOM T.V.	\$ 100
19. COMPUTER & PRINTER	\$ 60
20. COMPUTER DESK	\$ 10
21. DESK CHAIR	\$ 10
22. BATH ROOM TOWELS & SHEETS	\$ 40
23. X-MAS DECORATIONS	\$ 30
24. WEED EATER	\$ 40
25. LAWN MOWER	\$ 75
26. BLOWER	\$ 40
27. OUT DOOR SHED	\$ 100
28. STORAGE BIN	\$ 10
29. PATIO FURNITURE	\$ 40
30. GRILL	\$ 25
31. HAND TOOLS	\$ 60
32. SUN TAN BED	\$ 200
33.	\$
34.	\$
35.	\$
36.	\$
37.	\$
38.	\$
39.	\$
40.	\$
41.	\$
42.	\$
43.	\$
44.	\$

02:18381 1:5

Fill in this information to identify your case:

Debtor 1	Jason Ryan Martin		
	First Name	Middle Name	Last Name
Debtor 2	Amanda Gayle Martin		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:25-bk-00010		

☐ Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt****4/22**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
34 Rockdale Dr Seven Valleys, PA 17360 York County Line from <i>Schedule A/B</i> : 1.1	\$398,000.00	<input checked="" type="checkbox"/> \$55,800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
34 Rockdale Dr Seven Valleys, PA 17360 York County Line from <i>Schedule A/B</i> : 1.1	\$398,000.00	<input checked="" type="checkbox"/> \$2,950.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
See attached list Line from <i>Schedule A/B</i> : 6.1	\$2,118.00	<input checked="" type="checkbox"/> \$2,118.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Misc apparel Line from <i>Schedule A/B</i> : 11.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

3. **Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

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First Name Middle Name Last Name

Debtor 2 **Amanda Gayle Martin**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00010**
(if known)

☐ Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Capital One Auto Finance Creditor's Name Attn: Bankruptcy 7933 Preston Rd Plano, TX 75024 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 2020 Hyundai Palisade Limited 120,000 miles Bluish gray; Based on KBB values/Good condition As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$32,397.00	\$14,200.00
			\$18,197.00	

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Opened 04/22 Last Active 10/23/24
Date debt was incurred **10/23/24** Last 4 digits of account number **1001**

Debtor 1 **Jason Ryan Martin** Case number (if known) **1:25-bk-00010**

First Name Middle Name Last Name

Debtor 2 **Amanda Gayle Martin**

First Name Middle Name Last Name

<div>2.2</div> <div>PennyMac Loan Services, LLC</div> <div>Creditor's Name</div> <div>Attn: Correspondence Unit</div> <div>PO Box 514387</div> <div>Los Angeles, CA 90051</div> <div>Number, Street, City, State & Zip Code</div>

<div>2.3</div> <div>Santander Consumer USA, Inc</div> <div>Creditor's Name</div> <div>Attn: Bankruptcy Po Box 961245</div> <div>Fort Worth, TX 76161</div> <div>Number, Street, City, State & Zip Code</div>	<div>Describe the property that secures the claim:</div> <div>2018 Chevrolet Silverado 1500 Reg. Cab 110000 miles</div> <div>Also blueish gray; Based on KBB Values; Good condition; LT 8 ft</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply.</div> <div><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div> <div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div> <div><input type="checkbox"/> Judgment lien from a lawsuit</div> <div><input type="checkbox"/> Other (including a right to offset)</div>	<div>\$30,831.00</div> <div>\$11,173.00</div> <div>\$19,658.00</div>
<div>Who owes the debt? Check one.</div> <div><input type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div>		
<div>Opened 09/23 Last Active 11/24</div> <div>Date debt was incurred</div> <div>Last 4 digits of account number 1000</div>		

Debtor 1 **Jason Ryan Martin**
First Name Middle Name Last Name
Debtor 2 **Amanda Gayle Martin**
First Name Middle Name Last Name

Case number (if known) **1:25-bk-00010**

2.4	Springfield Twp York Co. Sewer Auth Creditor's Name P O Box 75 Seven Valleys, PA 17360 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 34 Rockdale Dr Seven Valleys, PA 17360 York County As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	Unknown	\$0.00	Unknown
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____					

2.5	US Bank Creditor's Name Attn: Bankruptcy Dept PO Box 1950 St Paul, MN 55101 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 2017 Forest River Wildwood RV As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$19,221.00	\$14,100.00	\$5,121.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred Opened 08/16 Last Active 6/09/23 Last 4 digits of account number 0001					

Add the dollar value of your entries in Column A on this page. Write that number here:	\$346,009.00
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	\$346,009.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 **Jason Ryan Martin**
First Name Middle Name Last Name

Debtor 2 **Amanda Gayle Martin**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00010**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number _____	Unknown	Unknown
	When was the debt incurred? _____			Unknown
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

2.2	Pennsylvania Department of Revenue Priority Creditor's Name Bankruptcy Division PO Box 280946 Harrisburg, PA 17128-0946 Number Street City State Zip Code	Last 4 digits of account number	Unknown	Unknown	Unknown
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

2.3	York Adams Tax Bureau Priority Creditor's Name 1405 North Duke Street York, PA 17405 Number Street City State Zip Code	Last 4 digits of account number	Unknown	Unknown	Unknown
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

4.1

Affirm, Inc

Nonpriority Creditor's Name

**30 Isabella Street
Pittsburgh, PA 15212**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$1,180.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.2

Affirm, Inc

Nonpriority Creditor's Name

**30 Isabella Street
Pittsburgh, PA 15212**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$1,446.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.3

Afterpay

Nonpriority Creditor's Name

**760 Market Street
Floor 2
San Francisco, CA 94102**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

4.4	Amex Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981535 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8503 When was the debt incurred? Opened 07/22 Last Active 6/01/23 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$3,285.00
4.5	Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6146 When was the debt incurred? Opened 12/09 Last Active 11/24 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$1,724.00
4.6	Chase Auto Finance Nonpriority Creditor's Name Attn: Bankruptcy 700 Kansas Lane La Monroe, LA 71203 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5813 When was the debt incurred? Opened 02/19 Last Active 06/21 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 2016 Mazda CX5; Traded-in	\$16,027.00

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

4.7

Comenity Bank/Victoria Secret

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 182125

Columbus, OH 43218

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2385**

\$3,985.00

Opened 12/13 Last Active

When was the debt incurred? **6/21/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account**

4.8

Commercial Acceptance Company

Nonpriority Creditor's Name

Attn: Bankruptcy

2300 Gettysburg Road, Suite 102

Camp Hill, PA 17011

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4821**

\$1,476.00

Opened 01/24 Last Active

When was the debt incurred? **10/23**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Jacobus Lions Ambulance**

4.9

Edfinancial Services L

Nonpriority Creditor's Name

120 N Seven Oaks Drive

Knoxville, TN 37922

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0222**

\$9,146.00

Opened 07/18 Last Active

When was the debt incurred? **11/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

Educational

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

4.1
0

Jefferson Capital Systems, LLC

Nonpriority Creditor's Name

**Attn: Bankruptcy
200 14th Ave E
Sartell, MN 56377**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4003**

\$19,951.00

When was the debt incurred? **Opened 10/24 Last Active 02/23**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Factoring Company Account Santander Consumer Usa**

4.1
1

Klarna Inc

Nonpriority Creditor's Name

**629 N. High Street Suite 300
Columbus, OH 43215**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

4.1
2

Kohl's

Nonpriority Creditor's Name

**Attn: Credit Administrator
Po Box 3043
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3987**

\$3,508.00

When was the debt incurred? **Opened 03/16 Last Active 08/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Charge Account**

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

4.1
3

Mercury/FBT

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 84064
Columbus, GA 31908**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5678**

\$3,709.00

When was the debt incurred? **Opened 10/11 Last Active 11/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

4.1
4

Paypal

Nonpriority Creditor's Name

**Legal Dept.
2211 North First Street
San Jose, CA 95131**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

4.1
5

Penn State Health

Nonpriority Creditor's Name

**P.O. Box 829725
Philadelphia, PA 19182-9725**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical**

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

4.1
6

Santander Consumer USA, Inc

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 961245

Fort Worth, TX 76161

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1000**

\$21,416.00

When was the debt incurred? **Opened 10/21 Last Active 1/30/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **2016 Nissan Titan XD - surrendered Oct/Nov 2023**

4.1
7

UPMC Health Services

Nonpriority Creditor's Name

PO Box 371472

Pittsburgh, PA 15250-7472

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.1
8

Upstart Finance

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 1503

San Carlos, CA 94070

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1980**

\$5,751.00

When was the debt incurred? **Opened 04/21 Last Active 12/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Unsecured**

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

4.1
9

Wellspan Physician Billing Services

Nonpriority Creditor's Name

**1803 Mt. Rose Ave.
Suite B3
York, PA 17403**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**PayPal / Synchrony Bank
P. O. Box 5138
Timonium, MD 21094**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Penn State Health
500 University Drive
Hershey, PA 17033**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**UPMC Physician Services
417 Bridge Street
Danville, VA 24541-1403**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wellspan Physician Billing
P.O. Box 742641
Cincinnati, OH 45274-2642**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**York Adams Tax Bureau
PO Box 15627
York, PA 17405-0156**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.3** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total Claim			
	6a.	Domestic support obligations	6a.	\$
				0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$
				0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$
				0.00

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e. <div>\$ <u>0.00</u></div>
Total claims from Part 2	6f. Student loans	6f. <div><div>Total Claim</div>\$ <u>9,146.00</u></div>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>83,458.00</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. <div>\$ <u>92,604.00</u></div>

Fill in this information to identify your case:

Debtor 1 **Jason Ryan Martin**
First Name Middle Name Last Name

Debtor 2 **Amanda Gayle Martin**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00010**
(if known)

☐ Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name Number Street City State ZIP Code	
2.2 Name Number Street City State ZIP Code	
2.3 Name Number Street City State ZIP Code	
2.4 Name Number Street City State ZIP Code	
2.5 Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 **Jason Ryan Martin**
First Name Middle Name Last Name

Debtor 2 **Amanda Gayle Martin**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00010**
(if known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street
City State ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name

Number Street
City State ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Jason Ryan Martin

Debtor 2 Amanda Gayle Martin
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 1:25-bk-00010
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Maintenance Director

Legend Senior Living, LLC

8415 E 21st Street N.
Wichita, KS 67206

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Regional Manager Safety & Health

PennState Health

PO Box 804 - CA522
Hershey, PA 17033

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>6,340.50</u>	\$ <u>8,357.49</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>6,340.50</u>	\$ <u>8,357.49</u>

Debtor 1 Jason Ryan Martin
Debtor 2 Amanda Gayle Martin

Case number (if known) 1:25-bk-00010

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 6,340.50	\$ 8,357.49	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,437.27	\$ 1,792.61	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 108.25	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 1,064.55	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,437.27	\$ 2,965.41	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,903.23	\$ 5,392.08	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,903.23 + \$ 5,392.08 = \$ 10,295.31		
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies			12. \$ 10,295.31 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1 Jason Ryan Martin

Debtor 2 Amanda Gayle Martin
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 1:25-bk-00010
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 2,556.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>300.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>75.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>810.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>1,200.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>200.00</u>
10. Personal care products and services	10. \$ <u>75.00</u>
11. Medical and dental expenses	11. \$ <u>200.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>1,000.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>100.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>355.75</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>398.10</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>678.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: <u>RV</u>	17c. \$ <u>198.95</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: <u>Haircuts</u>	21. +\$ <u>120.00</u>
Gym	+\$ <u>52.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>8,418.80</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>8,418.80</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>10,295.31</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>8,418.80</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>1,876.51</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain here: _____	

Fill in this information to identify your case:

Debtor 1 Jason Ryan Martin
First Name Middle Name Last Name

Debtor 2 Amanda Gayle Martin
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 1:25-bk-00010
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Jason Ryan Martin
Jason Ryan Martin
Signature of Debtor 1

Date February 14, 2025

X /s/ Amanda Gayle Martin
Amanda Gayle Martin
Signature of Debtor 2

Date February 14, 2025

Fill in this information to identify your case:

Debtor 1 **Jason Ryan Martin**
First Name Middle Name Last Name

Debtor 2 **Amanda Gayle Martin**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1:25-bk-00010**
(if known)

☐ Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1

Sources of income
Check all that apply.Gross income
(before deductions and
exclusions)

Debtor 2

Sources of income
Check all that apply.Gross income
(before deductions
and exclusions)

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
--------------------------------------------------	---------------------------------------------------------------------------	--------------------------------------------------	-------------------------------------------------------

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	----------------------------------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☐ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	------------------------------------------------	------	-----------------------

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☐ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☐ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☐ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value
---------------------------------------------------------------------------------------------------------	--------------------	--------------------------	-------

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☐ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
----------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	-----------------------	-------

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
----------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------	------------------------

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☐ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
-------------------------------------------------------------------------------------------------------	---------------------------------------------------	-----------------------------------	-------------------

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☐ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---------------------------------------------------	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
-------------------------------------------------------------------------	-----------------------------------------------	----------------------------------------------------------------------	------------------------

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☐ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---------------------------------------------------	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--------------------------------------------------------------------------------------	---------------------------------	-------------------------------	------------------------------------------------------	-----------------------------------------

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--------------------------------------------------------------------	----------------------------------------------------------------------	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--------------------------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--------------------------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	-------------------------------------------------------------------------------	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- ☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name

Address

(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

EIN:

From-To Ended 2023

Mack Unlimited Services, LLC
34 Rockdale Dr
Seven Valleys, PA 17360

Contracting

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jason Ryan Martin

Jason Ryan Martin
Signature of Debtor 1

/s/ Amanda Gayle Martin

Amanda Gayle Martin
Signature of Debtor 2

Date February 14, 2025

Date February 14, 2025

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Jason Ryan Martin

Debtor 2 Amanda Gayle Martin
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number 1:25-bk-00010
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 6,340.50	\$ 8,357.49
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.		
_____	\$ 0.00	\$ 0.00
_____	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 6,340.50	+ \$ 8,357.49 = \$ 14,697.99
		Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** \$ **14,697.99**

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

_____	\$ _____	
_____	\$ _____	
_____	+ \$ _____	
Total	\$ 0.00	Copy here=> - 0.00

\$ **14,697.99**

14. **Your current monthly income.** Subtract line 13 from line 12.

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> \$ **14,697.99**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

\$ 176,375.88

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

PA

16b. Fill in the number of people in your household.

2

16c. Fill in the median family income for your state and size of household.

\$ 80,864.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11 **\$ 14,697.99**

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 0.00

19b. Subtract line 19a from line 18.

\$ 14,697.99

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b.

\$ 14,697.99

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 176,375.88

20c. Copy the median family income for your state and size of household from line 16c.

\$ 80,864.00

21. How do the lines compare?

☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Jason Ryan Martin

Jason Ryan Martin

Signature of Debtor 1

Date **February 14, 2025**

MM / DD / YYYY

X /s/ Amanda Gayle Martin

Amanda Gayle Martin

Signature of Debtor 2

Date **February 14, 2025**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 Jason Ryan Martin

Debtor 2 Amanda Gayle Martin
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number 1:25-bk-00010
(if known)

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,411.00
7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 83
7b. Number of people who are under 65 X 2
7c. **Subtotal.** Multiply line 7a by line 7b. \$ 166.00 Copy here=> \$ 166.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 158
7e. Number of people who are 65 or older X 0
7f. **Subtotal.** Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00

7g. **Total.** Add line 7c and line 7f \$ 166.00 Copy total here=> \$ 166.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ **Housing and utilities - Insurance and operating expenses**

■ **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 687.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,436.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
PennyMac Loan Services, LLC	\$ <u>2,556.00</u>

9b. Total average monthly payment

\$ 2,556.00

Copy here=> -\$ 2,556.00 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

\$ 0.00

Copy here=> \$ 0.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ 0.00

Explain why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
☐ 1. Go to line 12.
☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **570.00**

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: **2020 Hyundai Palisade Limited 120,000 miles Bluish gray; Based on KBB values/Good condition**

13a. Ownership or leasing costs using IRS Local Standard..... \$ **0.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
-NONE-	\$

Total Average Monthly Payment

\$ **0.00**

Copy here => - \$ **0.00** Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if this number is less than \$0, enter \$0.

\$ **0.00**

Copy net Vehicle 1 expense here => \$ **0.00**

Vehicle 2 Describe Vehicle 2: **2018 Chevrolet Silverado 1500 Reg. Cab 110000 miles Also blueish gray; Based on KBB Values; Good condition; LT 8 ft**

13d. Ownership or leasing costs using IRS Local Standard..... \$ **619.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
Santander Consumer USA, Inc	\$ 513.85

Total average monthly payment

\$ **513.85**

Copy here => - \$ **513.85** Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this number is less than \$0, enter \$0.

\$ **105.15**

Copy net Vehicle 2 expense here => \$ **105.15**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. \$ **2,967.93**
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ **0.00**
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ **355.75**
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ **0.00**
20. **Education:** The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ **0.00**
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$ **0.00**
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$ **34.00**
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ **0.00**
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ **6,296.83**
 Add lines 6 through 23.

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- | | | | |
|------------------------|------|---------------|---------------------------------------|
| Health insurance | \$ | 677.08 | |
| Disability insurance | \$ | 0.00 | |
| Health savings account | + \$ | 0.00 | |
| Total | \$ | 677.08 | Copy total here=> \$ 677.08 |

Do you actually spend this total amount?
☐ No. How much do you actually spend?
☒ Yes \$

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ **0.00**
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. \$ **0.00**

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.
 If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs
 You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. \$ **0.00**
29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.
 You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.
 * Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment. \$ **0.00**
30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.
 To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.
 You must show that the additional amount claimed is reasonable and necessary. \$ **0.00**
31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).
 Do not include any amount more than 15% of your gross monthly income. \$ **0.00**
32. **Add all of the additional expense deductions.** \$ **677.08**
 Add lines 25 through 31.

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home

Average monthly payment

33a. Copy line 9b here => \$ **2,556.00**

Loans on your first two vehicles

33b. Copy line 13b here => \$ **0.00**

33c. Copy line 13e here => \$ **513.85**

- 33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
-NONE-		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	\$
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	\$
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	\$

33e Total average monthly payment. Add lines 33a through 33d \$ **3,069.85** Copy total here=> \$ **3,069.85**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☐ No. Go to line 35.
- ☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
PennyMac Loan Services, LLC	34 Rockdale Dr Seven Valleys, PA 17360 York County	\$ 15,000.00	$\div 60 = \$$ 250.00
		\$ $\div 60 = \$$	
		\$ $\div 60 = +\$$	
Total		\$ 250.00	Copy total here=> \$ 250.00

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- ☒ No. Go to line 36.
- ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ **0.00** $\div 60$ \$ **0.00**

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

X

\$

Copy total here=> \$

37. Add all of the deductions for debt payment. Add lines 33e through 36.

\$ **3,319.85**

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances \$ **6,296.83**

Copy line 32, All of the additional expense deductions \$ **677.08**

Copy line 37, All of the deductions for debt payment +\$ **3,319.85**

Total deductions..... \$ **10,293.76** Copy total here=> \$ **10,293.76**

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. **Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** \$ **14,697.99**

40. **Fill in any reasonably necessary income you receive for support for dependent children.** The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **498.33**

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here => \$ **10,293.76**

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
	\$
	\$
	\$

Total \$ **0.00** Copy here=> \$ **0.00**

44. **Total adjustments.** Add lines 40 through 43. => \$ **10,792.09** Copy here=> -\$ **10,792.09**

45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39. \$ **3,905.90**

Part 3: Change in Income or Expenses

46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Jason Ryan Martin

Jason Ryan Martin
Signature of Debtor 1

Date **February 14, 2025**
MM / DD / YYYY

X /s/ Amanda Gayle Martin

Amanda Gayle Martin
Signature of Debtor 2

Date **February 14, 2025**
MM / DD / YYYY

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **07/01/2024** to **12/31/2024**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employment**

Year-to-Date Income:

Starting Year-to-Date Income: **\$41,842.59** from check dated **6/30/2024** .

Ending Year-to-Date Income: **\$79,885.58** from check dated **12/31/2024** .

Income for six-month period (Ending-Starting): **\$38,042.99** .

Average Monthly Income: **\$6,340.50** .

Debtor 1 **Jason Ryan Martin**
Debtor 2 **Amanda Gayle Martin**

Case number (if known) **1:25-bk-00010**

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **07/01/2024** to **12/31/2024**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employment**

Year-to-Date Income:

Starting Year-to-Date Income: **\$46,078.66** from check dated **6/30/2024** .

Ending Year-to-Date Income: **\$96,223.62** from check dated **12/31/2024** .

Income for six-month period (Ending-Starting): **\$50,144.96** .

Average Monthly Income: **\$8,357.49** .

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245 filing fee

\$78 administrative fee

+ \$15 trustee surcharge

\$338 total fee

Chapter 7 is for individuals who have financial
difficulty preventing them from paying their debts
and who are willing to allow their non-exempt
property to be used to pay their creditors. The
primary purpose of filing under chapter 7 is to have
your debts discharged. The bankruptcy discharge
relieves you after bankruptcy from having to pay
many of your pre-bankruptcy debts. Exceptions exist
for particular debts, and liens on property may still
be enforced after discharge. For example, a creditor
may have the right to foreclose a home mortgage or
repossess an automobile.

However, if the court finds that you have committed
certain kinds of improper conduct described in the
Bankruptcy Code, the court may deny your
discharge.

You should know that even if you file chapter 7 and
you receive a discharge, some debts are not
discharged under the law. Therefore, you may still
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
<http://www.uscourts.gov/forms/bankruptcy-forms>

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Middle District of Pennsylvania

In re **Jason Ryan Martin**
Amanda Gayle Martin

Debtor(s)

Case No. **1:25-bk-00010**Chapter **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>0.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

The Debtors agree that services noted herein will be billed at an hourly rate as set forth in the initial fee agreement between the debtor and counsel.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Any representation outside of schedule and Plan drafting and 341 representation, including but not limited to: objections, confirmation, amendments, conversion to a different chapter or sale of real estate.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 14, 2025

Date

/s/ E. Haley Rohrbaugh

E. Haley Rohrbaugh 323803

Signature of Attorney

CGA Law Firm

135 North George Street

York, PA 17401

717-848-4900 Fax: 717-843-9039

hrohrbaugh@cgalaw.com

Name of law firm

**United States Bankruptcy Court
Middle District of Pennsylvania**

In re Jason Ryan Martin
Amanda Gayle Martin

Debtor(s)

Case No. 1:25-bk-00010
Chapter 13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: February 14, 2025

/s/ Jason Ryan Martin

Jason Ryan Martin

Signature of Debtor

Date: February 14, 2025

/s/ Amanda Gayle Martin

Amanda Gayle Martin

Signature of Debtor

Date: February 14, 2025

/s/ E. Haley Rohrbaugh

Signature of Attorney

E. Haley Rohrbaugh 323803

CGA Law Firm

135 North George Street

York, PA 17401

717-848-4900 Fax: 717-843-9039

**United States Bankruptcy Court
Middle District of Pennsylvania**

In re **Jason Ryan Martin
Amanda Gayle Martin**

Debtor(s)

Case No. **1:25-bk-00010**
Chapter **13**

**PAYMENT ADVICES COVER SHEET
UNDER 11 U.S.C. § 521(a)(1)(B)(iv)**

I, **Jason Ryan Martin**, declare under penalty of perjury that the foregoing is true and correct (CHECK ONE OF THESE BOXES):

- ☐ I have not been employed by any employer within the 60 days before the date of the filing of the petition.
- ☐ I was employed by an employer within 60 days before the date I filed my bankruptcy petition, but I have not received payment advices or other evidence of payment because
- ☒ I have received payment advices or other evidence of payment within 60 days before the date I filed my bankruptcy petition from any employer, and they are attached.

I, **Amanda Gayle Martin**, declare under penalty of perjury that the foregoing is true and correct (CHECK ONE OF THESE BOXES):

- ☐ I have not been employed by any employer within the 60 days before the date of the filing of the petition.
- ☐ I was employed by an employer within 60 days before the date I filed my bankruptcy petition, but I have not received payment advices or other evidence of payment because
- ☒ I have received payment advices or other evidence of payment within 60 days before the date I filed my bankruptcy petition from any employer, and they are attached.

Date **February 14, 2025**

Signature **/s/ Jason Ryan Martin**
Jason Ryan Martin
Debtor

Date **February 14, 2025**

Signature **/s/ Amanda Gayle Martin**
Amanda Gayle Martin
Joint Debtor

**PennState Health**

P.O. Box 804 - CA522 | Hershey, PA 17033-9524 | 717-531-1265

Martin, Amanda EE# 61096

Earnings					Taxes			Post-Tax Ded			
Rate	Hours	This Period	YTD		This Period	YTD		This Period	YTD		
REGULAR	44.07	64.000	2,820.48	63,042.14	LOGANVLL	32.25	704.08	Roth401K	25.00	525.00	
PTO	44.07	16.000	705.12	5,310.44	FED	353.48	8,012.69	PA LEVY		790.24	
LTDPrem*			9.87	207.27	LST HAMP	2.00	42.00	PAWS UP		230.00	
GTL*			9.28	191.79	MEDICARE	44.34	970.06				
PER PAY				2,335.71	PA	99.01	2,161.58				
HOLIDAY				2,115.36	PA UI	2.48	53.98				
E:B				1,806.88	FICA EE	189.61	4,147.86				
PER TIME				1,762.80							
PAWS UP				347.38							
					Total Taxes	723.17	16,092.25				
					Pre-Tax Ded	This Period	YTD				
					Dental	24.97	524.37				
					Vol401K	25.00	525.00				
					SAVPLAN	176.28	3,701.88				
					BS Premr	282.02	5,922.42				
					VISION	3.34	70.14				
Total					80.00		3,544.75	77,119.77	Total Post-Tax	25.00	1,545.24
Pay Period Range					09/22/2024 - 10/05/2024						
Pay Date:					10/11/2024						
Advice #:					18529769						
					Total Pre-Tax	511.61	10,743.81	Net Pay	2,265.82	48,339.41	

**PennState Health**

P.O. Box 804 - CA522 | Hershey, PA 17033-9524 | 717-531-1265

Martin, Amanda EE# 61096

Earnings	Rate	Hours	This Period	YTD	Taxes	This Period	YTD	Post-Tax Ded	This Period	YTD
REGULAR	45.47	40.000	1,818.80	64,860.94	LOGANVLL	33.37	744.26	Roth401K	25.00	550.00
PTO	45.47	32.000	1,455.04	6,765.48	FED	377.05	8,531.97	PA LEVY		790.24
PER TIME	45.47	8.000	363.76	2,126.56	LST HAMP	2.00	44.00	PAWS UP		230.00
LTD Prem*			10.19	217.46	MEDICARE	45.89	1,025.33			
GTL*			9.69	201.48	PA	102.46	2,284.93			
PER PAY				2,335.71	PA UI	2.56	57.02			
HOLIDAY				2,115.36	FICA EE	196.25	4,384.19			
EIB				1,806.88						
LMP PERF				680.53						
PAWS UP				347.38						
					Total Taxes	759.58	17,071.70			
					Pre-Tax Ded	This Period	YTD			
					Dental	24.97	549.34			
					Vol401K	25.00	550.00			
					SAVPLAN	181.88	3,917.79			
					BS Premr	282.02	6,204.44			
					VISION	3.34	73.48			
Total		80.00	3,657.48	81,457.78				Total Post-Tax	25.00	1,570.24
					Total Pre-Tax	617.21	11,295.05	Net Pay	2,335.81	51,101.85

Pay Period Range: 10/06/2024 - 10/19/2024
 Pay Date: 10/25/2024
 Advice #: 18565951

*Non-cash earnings not included in net pay.

**PennState Health**

Direct Deposit Advice Number: 18565951

Pay Date 10/25/2024

DIRECT DEPOSIT ADVICE

NON-NEGOTIABLE

P.O. Box 804 - CA522
 Hershey, PA 17033-9524

PAY VOID VOID VOID VOID VOID VOID VOID

Deposited to the account of
 Amanda Martin

account number

amount

XXXXXXXXX93

\$*****2,219.02

XXXXXXXXX77

\$*****116.79

34 Rockdale Drive
 Seven Valleys, PA 17360

NON-NEGOTIABLE

**PennState Health**

ATTN: Payroll Dept
 P.O. Box 804 - CA522
 Hershey, PA 17033-9524

AMANDA MARTIN
 34 ROCKDALE DRIVE
 SEVEN VALLEYS, PA 17360

**PennState Health**

P.O. Box 804 - CA522 | Hershey, PA 17033-9524 | 717-531-1265

Martin, Amanda EE# 61096

Earnings	Rate	Hours	This Period	YTD	Taxes	This Period	YTD	Post-Tax Ded	This Period	YTD
REGULAR	45.47	72.000	3,273.84	68,134.78	LOGANVLL	33.37	777.63	Roth401K	25.00	575.00
PTO	45.47	8.000	363.76	7,129.24	FED	377.05	8,909.02	PA LEVY		790.24
LTDPrem*			10.19	227.65	LST HAMP	2.00	46.00	PAWS UP		230.00
GTL*			9.69	211.17	MEDICARE	45.90	1,071.23			
PER PAY				2,335.71	PA	102.46	2,367.39			
PER TIME				2,126.56	PA UI	2.56	59.58			
HOLIDAY				2,115.36	FICA EE	196.25	4,580.44			
EIB				1,806.88						
LMP PERF				680.53						
PAWS UP				347.38						
					Total Taxes	759.59	17,831.29			
					Pre-Tax Ded	This Period	YTD			
					Dental	24.97	574.31			
					Vol401K	25.00	575.00			
					SAVPLAN	181.88	4,099.67			
					BS Premr	282.02	6,466.46			
					VISION	3.34	76.82			
Total		80.00	3,657.48	85,115.26				Total Post-Tax	25.00	1,595.24
Pay Period Range: 10/20/2024 - 11/02/2024					Total Pre-Tax			Net Pay	2,335.80	63,437.65
Pay Date: 11/08/2024										
Advice #: 18585093										

*Non-cash earnings not included in net pay.

**PennState Health**

Direct Deposit Advice Number: 18585093

Pay Date 11/8/2024

DIRECT DEPOSIT ADVICE

NON-NEGOTIABLE

P O Box 804 - CA522
Hershey, PA 17033-9524

PAY VOID VOID VOID VOID VOID VOID VOID

Deposited to the account of	account number	amount
Amanda Martin	XXXXXXXXX93	\$*****2,219.01
	XXXXXXXXX77	\$*****116.79

34 Rockdale Drive
Seven Valleys, PA 17360

NON-NEGOTIABLE

**PennState Health**ATTN Payroll Dept
P O Box 804 - CA522
Hershey, PA 17033-9524AMANDA MARTIN
34 ROCKDALE DRIVE
SEVEN VALLEYS, PA 17360

**PennState Health**

P.O. Box 804 - CA522 | Hershey, PA 17033-9524 | 717-531-1285

Martin, Amanda EE# 61096

Earnings					Taxes			Post-Tax Ded		
Rate	Hours	This Period	YTD	This Period	YTD	This Period	YTD	This Period	YTD	
REGULAR	45.47	80.000	3,637.60	71,772.38	LOGANVLL	33.37	812.38	Roth401K	25.00	600.00
LTDPrem*			10.19	237.84	FED	377.05	9,315.97	PA LEVY		790.24
GTL*			9.69	220.86	LST HAMP	2.00	48.00	PAWS UP		320.00
PTO				7,129.24	MEDICARE	45.90	1,119.10			
PER PAY				2,335.71	PA	102.46	2,494.02			
PER TIME				2,128.56	PA UI	2.56	62.24			
HOLIDAY				2,115.36	FICA EE	196.25	4,785.11			
EIB				1,806.88						
LMP PERF				680.53						
PAWS UP				483.30						
				Total Taxes	759.59	18,636.80				
				Pre-Tax Ded	This Period	YTD				
				Dental	24.97	599.28				
				Voi401K	25.00	600.00				
				SAVPLAN	181.88	4,281.55				
				BS Premr	282.02	6,768.48				
				VISION	3.34	80.16				
Total				80.00	3,657.48	88,908.66	Total Post-Tax	25.00	1,710.24	
Pay Period Range:				11/03/2024 - 11/16/2024						
Pay Date:				11/22/2024						
Advice #:				18611896						
				Total Pre-Tax	517.21	12,329.47	Net Pay	2,335.80	55,773.45	

Pay Period Range: 11/03/2024 - 11/16/2024

Pay Date: 11/22/2024

Advice #: 18611896

*Non-cash earnings not included in net pay.

**PennState Health**

Direct Deposit Advice Number: 18611896

Pay Date 11/22/2024

DIRECT DEPOSIT ADVICE

NON-NEGOTIABLE

P O Box 804 - CA522
Hershey, PA 17033-9524

PAY VOID VOID VOID VOID VOID VOID VOID VOID

Deposited to the account of

Amanda Martin

account number

XXXXXXXX93

amount

\$*****2,219.01

XXXXXXXX77

\$*****116.79

34 Rockdale Drive
Seven Valleys, PA 17360

NON-NEGOTIABLE

**PennState Health**ATTN: Payroll Dept
P O Box 804 - CA522
Hershey, PA 17033-9524AMANDA MARTIN
34 ROCKDALE DRIVE
SEVEN VALLEYS, PA 17360

**PennState Health**

P.O. Box 804 - CA522 | Hershey, PA 17033-9524 | 717-531-1265

Martin, Amanda EE# 61096

Earnings	Rate	Hours	This Period	YTD	Taxes	This Period	YTD	Post-Tax Ded	This Period	YTD
REGULAR	45.47	56.000	2,546.32	74,318.70	LOGANVLL	33.37	845.73	Roth401K	25.00	625.00
PTO	45.47	16.000	727.52	7,856.76	FED	377.05	9,693.02	PA LEVY		790.24
HOLIDAY	45.47	8.000	363.76	2,479.12	LST HAMP	2.00	50.00	PAWS UP		320.00
LTD Prem*			10.19	248.03	MEDICARE	45.89	1,164.99			
GTL*			9.69	230.55	PA	102.48	2,596.48			
PER PAY				2,335.71	PA UI	2.56	64.80			
PER TIME				2,128.56	FICA EE	196.25	4,981.36			
EIB				1,806.88						
LMP PERF				680.53						
PAWS UP				483.30						
					Total Taxes	759.58	19,396.38			
					Pre-Tax Ded	This Period	YTD			
					Dental	24.97	624.25			
					Vol401K	25.00	625.00			
					SAVPLAN	181.88	4,463.43			
					BS Premr	282.02	7,050.50			
					VISION	3.34	83.50			
Total		80.00	3,657.48	92,566.14				Total Post-Tax	25.00	1,735.24
					Total Pre-Tax	517.21	12,846.68	Net Pay	2,335.81	58,109.26

Pay Period Range 11/17/2024 - 11/30/2024
 Pay Date 12/06/2024
 Advice # 18631112

*Non-cash earnings not included in net pay.

**PennState Health**

Direct Deposit Advice Number: 18631112

Pay Date 12/6/2024

DIRECT DEPOSIT ADVICE

NON-NEGOTIABLE

P O Box 804 - CA522
 Hershey, PA 17033-9524
 PAY VOID VOID VOID VOID VOID VOID VOID

<u>Deposited to the account of</u>	<u>account number</u>	<u>amount</u>
Amanda Martin	XXXXXXXX93	\$*****2,219.02
	XXXXXXXX77	\$*****116.79
34 Rockdale Drive		
Seven Valleys, PA 17360		

NON-NEGOTIABLE

**PennState Health**

ATTN Payroll Dept
 P O Box 804 - CA522
 Hershey, PA 17033-9524

AMANDA MARTIN
 34 ROCKDALE DRIVE
 SEVEN VALLEYS, PA 17360

**PennState Health**

P.O. Box 804 - CA522 | Hershey, PA 17033-9524 | 717-531-1265

Martin, Amanda EE# 61096

Earnings					Taxes			Post-Tax Ded	
Rate	Hours	This Period	YTD	This Period	YTD	This Period	YTD		
REGULAR	45.47	80.000	3,637.60	77,956.30	LOGANVLL	33.37	879.10	Roth401K	25.00
LTDPrem*			10.19	258.22	FED	377.05	10,070.07	PA LEVY	650.00
GTL*			9.69	240.24	LST HAMP	2.00	52.00	PAWS UP	790.24
PTO				7,856.76	MEDICARE	45.90	1,210.89		320.00
HOLIDAY				2,479.12	PA	102.46	2,698.94		
PER PAY				2,335.71	PA UI	2.66	67.36		
PER TIME				2,126.56	FICA EE	186.24	5,177.60		
EIB				1,806.88					
LMP PERF				680.53					
PAWS UP				483.30					
					Total Taxes	759.58	20,155.96		
					Pre-Tax Ded	This Period	YTD		
					Dental	24.97	649.22		
					Voi401K	25.00	650.00		
					SAVPLAN	181.88	4,645.31		
					BS Premr	282.02	7,332.52		
					VISION	3.34	86.84		
					</				

Pay Period Range: 12/01/2024 - 12/14/2024
 Pay Date: 12/20/2024
 Advice #: 18650324

*Non-cash earnings not included in net pay.

**PennState Health**

Direct Deposit Advice Number: 18650324

Pay Date 12/20/2024

DIRECT DEPOSIT ADVICE

NON-NEGOTIABLE

P O Box 804 - CA522
 Hershey, PA 17033-9524

PAY VOID VOID VOID VOID VOID VOID VOID

Deposited to the account of
 Amanda Martin

account number

amount

XXXXXXXXX93

\$*****2,219.02

XXXXXXXXX77

\$*****116.79

34 Rockdale Drive
 Seven Valleys, PA 17360

NON-NEGOTIABLE

**PennState Health**

ATTN: Payroll Dept
 P O Box 804 - CA522
 Hershey, PA 17033-9524

AMANDA MARTIN
 34 ROCKDALE DRIVE
 SEVEN VALLEYS, PA 17360



Legend Senior Living, LLC
8415 E 21st St. N
Suite 100
Wichita, KS 67206

Pay Statement

Period Start Date 09/15/2024
Period End Date 09/28/2024
Pay Date 10/04/2024
Document 564793
Net Pay \$2,095.51

Pay Details

JASON RYAN MARTIN
34 ROCKDALE DRIVE
SEVEN VALLEYS, PA 17360
USA

Employee Number 001020529
SSN XXX-XX-XXXX
Primary Job Maintenance Dir
Hourly Pay Rate \$33.7200
Pay Frequency Bkweekly
Date Of Seniority 07/27/2023
Pay Group Field Hourly
Location 000104- Silver Creek
Corporate STORE - STORE
Region PA - PA
Entity 42 42
Cost Center 000104 - 000104- Silver Creek

Earnings

Pay Type	WK	STORE	Job Code	Hours	Hourly Rate	Current	YTD
Cell Phone	2	000104	Maintenance Dir		\$0.0000	\$23.08	\$461.60
Coefficient Ove	2	000104	Maintenance Dir	0.220000	\$16.8600	\$3.71	\$2,312.53
Overtime	2	000104	Maintenance Dir	0.220000	\$33.7200	\$7.42	\$4,610.60
Regular Pay	2	000104	Maintenance Dir	78.530000	\$33.7200	\$2,648.63	\$47,180.21
Bonus-Honor				0.0000	\$0.0000	\$0.00	\$226.56
Bonus-Operation				0.0000	\$0.0000	\$0.00	\$1,000.00
Bonus-Crit Shift				0.0000	\$0.0000	\$0.00	\$750.00
HOLID - Holiday				0.0000	\$0.0000	\$0.00	\$546.94
Holiday Pay				0.0000	\$0.0000	\$0.00	\$313.33
PTO Pay				0.0000	\$0.0000	\$0.00	\$3,190.72
Total Hours Worked	3.00		Total Hours	78.75			

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
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Taxes

Tax Description	Current	YTD
Federal Income Tax	\$271.21	\$6,690.58
Employee Medicare	\$38.56	\$870.45
Social Security Employee Tax	\$164.87	\$3,721.92
PA State Income Tax	\$81.64	\$1,842.95
HAMPDEN	\$26.59	\$600.30
HAMPDEN TWP	\$1.81	\$36.20
CUMBERLAND VALLEY SD	\$0.19	\$3.80
PA Unemployment Employee	\$1.86	\$42.03

Paid Time Off

Net Pay Distribution

Plan	Current	Balance	Account Number	Account Type	Amount
Paid Time Off	4.2285	8.3644	xxxxxx3393	Checking	\$2,095.51
			Total		\$2,095.51

Pay Summary

	Total Hours	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	78.75	\$2,682.24	\$2,659.16	\$586.73	\$0.00	\$2,095.51
YTD	1654.24	\$60,492.49	\$60,030.89	\$13,808.23	\$0.00	\$46,684.26

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Legend Senior Living, LLC
8415 E 21st St. N
Suite 100
Wichita, KS 67206

Pay Statement

Period Start Date 09/29/2024
Period End Date 10/12/2024
Pay Date 10/18/2024
Document 568297
Net Pay \$2,562.37

Pay Details

JASON RYAN MARTIN
34 ROCKDALE DRIVE
SEVEN VALLEYS, PA 17360
USA

Employee Number 001020529
SSN XXX-XX-XXXX
Primary Job Maintenance Dir
Hourly Pay Rate \$33.7200
Pay Frequency Biweekly
Date Of Seniority 07/27/2023
Pay Group Field Hourly
Location 000104- Silver Creek
Corporate STORE STORE
Region PA - PA
Entity 42 - 42
Cost Center 000104 - 000104- Silver Creek

Earnings

Pay Type	WIK	STORE	Job Code	Hours	Hourly Rate	Current	YTD
Cell Phone	2	000104	Maintenance Dir		\$0.0000	\$23.08	\$484.68
Coefficient Ove	2	000104	Maintenance Dir	13.180000	\$16.8600	\$222.21	\$2,534.74
Overtime	2	000104	Maintenance Dir	13.180000	\$33.7200	\$444.43	\$4,955.03
Regular Pay	2	000104	Maintenance Dir	80.000000	\$33.7200	\$2,697.60	\$49,877.81
Bonus-Honor				0.0000	\$0.0000	\$0.00	\$226.56
Bonus-Operation				0.0000	\$0.0000	\$0.00	\$1,000.00
BonusCost Shift				0.0000	\$0.0000	\$0.00	\$750.00
HOLID Holiday				0.0000	\$0.0000	\$0.00	\$546.94
Holiday Pay				0.0000	\$0.0000	\$0.00	\$313.33
PTO Pay				0.0000	\$0.0000	\$0.00	\$3,190.72
Total Hours Worked	0.00		Total Hours	93.18			

Deductions

Deduction	Pro-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
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Taxes

Tax Description	Current	YTD
Federal Income Tax	\$426.32	\$7,116.90
Employee Medicare	\$48.78	\$919.23
Social Security Employee Tax	\$208.58	\$3,930.50
PA State Income Tax	\$103.28	\$1,946.23
HAMPDEN	\$33.64	\$633.94
HAMPDEN TWP	\$1.81	\$38.01
CUMBERLAND VALLEY SD	\$0.19	\$3.99
PA Unemployment Employee	\$2.35	\$44.38

Paid Time Off

Net Pay Distribution

Plan	Current	Balance	Account Number	Account Type	Amount
Paid Time Off	4.3077	12.6721	xxxxxx3393	Checking	\$2,562.37
			Total		\$2,562.37

Pay Summary

	Total Hours	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	93.18	\$3,387.32	\$3,364.24	\$824.95	\$0.00	\$2,562.37
YTD	1747.42	\$63,879.81	\$63,395.13	\$14,633.18	\$0.00	\$49,246.63

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Legend Senior Living, LLC
8415 E 21st St, N
Suite 100
Wichita, KS 67206

Pay Statement

Period Start Date 10/13/2024
Period End Date 10/26/2024
Pay Date 11/01/2024
Document 572333
Net Pay \$2,333.63

Pay Details

JASON RYAN MARTIN
34 ROCKDALE DRIVE
SEVEN VALLEYS, PA 17360
USA

Employee Number	001020529	Pay Group	Field Hourly
SSN	XXX-XX-XXXX	Location	000104- Silver Creek
Primary Job	Maintenance Dir	Corporate	STORE - STORE
Hourly Pay Rate	\$33.7200	Region	PA - PA
Pay Frequency	Biweekly	Entity	42 - 42
Date Of Seniority	07/27/2023	Cost Center	000104 - 000104- Silver Creek

Earnings

Pay Type	WK	STORE	Job Code	Hours	Hourly Rate	Current	YTD
Cell Phone	2	000104	Maintenance Dir		\$0.0000	\$23.08	\$507.76
Coefficient Ove	2	000104	Maintenance Dir	6.350000	\$16.8600	\$107.06	\$2,641.80
Overtime	2	000104	Maintenance Dir	6.350000	\$33.7200	\$214.12	\$5,169.16
Regular Pay	2	000104	Maintenance Dir	80.000000	\$33.7200	\$2,697.60	\$62,575.41
Bonus-Honor				0.0000	\$0.0000	\$0.00	\$226.56
Bonus-Operation				0.0000	\$0.0000	\$0.00	\$1,000.00
BonusCrit Shift				0.0000	\$0.0000	\$0.00	\$750.00
HOLID - Holiday				0.0000	\$0.0000	\$0.00	\$546.94
Holiday Pay				0.0000	\$0.0000	\$0.00	\$313.33
PTO Pay				0.0000	\$0.0000	\$0.00	\$3,190.72
Total Hours Worked	0.00	Total Hours	86.35				

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
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Taxes

Tax Description	Current	YTD
Federal Income Tax	\$350.32	\$7,467.22
Employee Medicare	\$43.77	\$963.00
Social Security Employee Tax	\$187.16	\$4,117.66
PA State Income Tax	\$92.68	\$2,038.91
HAMPDEN	\$30.19	\$664.13
HAMPDEN TWP	\$1.81	\$39.82
CUMBERLAND VALLEY SD	\$0.19	\$4.18
PA Unemployment Employee	\$2.11	\$46.49

Paid Time Off

Net Pay Distribution

Plan	Current	Balance	Account Number	Account Type	Amount
Paid Time Off	4.3077	16.9798	xxxxxx3393	Checking	\$2,333.63
Total					\$2,333.63

Pay Summary

	Total Hours	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	86.35	\$3,041.86	\$3,018.78	\$708.23	\$0.00	\$2,333.63
YTD	1833.77	\$66,921.67	\$66,413.91	\$15,341.41	\$0.00	\$51,580.26

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Legend Senior Living, LLC
8415 E 21st St. N
Suite 100
Wichita, KS 67206

Pay Statement

Period Start Date 10/27/2024
Period End Date 11/09/2024
Pay Date 11/15/2024
Document 575992
Net Pay \$2,537.90

Pay Details

JASON RYAN MARTIN
34 ROCKDALE DRIVE
SEVEN VALLEYS, PA 17360
USA

Employee Number	001020529	Pay Group	Field Hourly
SSN	XXX-XX-XXXX	Location	000104-Silver Creek
Primary Job	Maintenance Dir	Corporate	STORE - STORE
Hourly Pay Rate	\$33.7200	Region	PA - PA
Pay Frequency	Biweekly	Department	42 - 42
Date Of Seniority	07/27/2023	Cost Center	000104 000104-Silver Creek

Earnings

Pay Type	WK	STORE	Job Code	Hours	Hourly Rate	Current	YTD
Cell Phone	2	000104	Maintenance Dir		\$0.0000	\$23.08	\$530.84
Coefficient Ova	2	000104	Maintenance Dir	12.450000	\$16.8600	\$209.91	\$2,851.71
Overtime	2	000104	Maintenance Dir	12.450000	\$33.7200	\$419.81	\$5,588.96
Regular Pay	2	000104	Maintenance Dir	60.000000	\$33.7200	\$2,697.60	\$55,273.01
Bonus-Honor				0.0000	\$0.0000	\$0.00	\$226.56
Bonus-Operation				0.0000	\$0.0000	\$0.00	\$1,000.00
BonusCrt Shift				0.0000	\$0.0000	\$0.00	\$750.00
HOLID - Holiday				0.0000	\$0.0000	\$0.00	\$546.94
Holiday Pay				0.0000	\$0.0000	\$0.00	\$313.33
PTO Pay				0.0000	\$0.0000	\$0.00	\$3,190.72
Total Hours Worked	0.00	Total Hours	92.45				

Deductions

Deduction	Pro-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
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Taxes

Tax Description	Current	YTD
Federal Income Tax	\$418.20	\$7,885.42
Employee Medicare	\$48.25	\$1,011.25
Social Security Employee Tax	\$206.30	\$4,323.96
PA State Income Tax	\$102.15	\$2,141.06
HAMPDEN	\$33.27	\$697.40
HAMPDEN TWP	\$1.81	\$41.63
CUMBERLAND VALLEY SD	\$0.19	\$4.37
PA Unemployment Employee	\$2.33	\$48.82

Paid Time Off

Net Pay Distribution

Plan	Current	Balance	Account Number	Account Type	Amount
Paid Time Off	4 3077	21.2875	xxxxxx3393	Checking	\$2,537.90
			Total		\$2,537.90

Pay Summary

	Total Hours	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	92.45	\$3,350.40	\$3,327.32	\$812.50	\$0.00	\$2,537.90
YTD	1926.22	\$70,272.07	\$69,741.23	\$16,153.91	\$0.00	\$54,118.16

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Legend Senior Living, LLC
8415 E 21st St. N
Suite 100
Wichita, KS 67206

Pay Statement

Period Start Date 11/10/2024
Period End Date 11/23/2024
Pay Date 11/29/2024
Document 583072
Net Pay \$2,723.11

Pay Details

JASON RYAN MARTIN
34 ROCKDALE DRIVE
SEVEN VALLEYS, PA 17360
USA

Employee Number 001020529
SSN XXX-XX-XXXX
Primary Job Maintenance Dir
Hourly Pay Rate \$33.7200
Pay Frequency Biweekly
Date Of Seniority 07/27/2023
Pay Group Field Hourly
Location 000104- Silver Creek
Corporate STORE - STORE
Region PA - PA
Department 42 42
Cost Center 000104 - 000104- Silver Creek

Earnings

Pay Type	WK	STORE	Job Code	Hours	Hourly Rate	Current	YTD
Cell Phone	2	000104	Maintenance Dir		\$0.0000	\$23.08	\$553.92
Coefficient Ove	2	000104	Maintenance Dir	17.980000	\$16.8600	\$303.14	\$3,154.85
Overtime	2	000104	Maintenance Dir	17.980000	\$33.7200	\$606.29	\$6,195.25
Regular Pay	2	000104	Maintenance Dir	80.000000	\$33.7200	\$2,697.60	\$57,970.61
Bonus-Honor				0.0000	\$0.0000	\$0.00	\$226.56
Bonus-Operation				0.0000	\$0.0000	\$0.00	\$1,000.00
BonusCrit Shift				0.0000	\$0.0000	\$0.00	\$750.00
HOLID - Holiday				0.0000	\$0.0000	\$0.00	\$546.94
Holiday Pay				0.0000	\$0.0000	\$0.00	\$319.33
PTO Pay				0.0000	\$0.0000	\$0.00	\$3,190.72
Total Hours Worked 0.00			Total Hours 97.98				

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
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Taxes

Tax Description	Current	YTD
Federal Income Tax	\$479.74	\$8,365.16
Employee Medicare	\$52.30	\$1,063.65
Social Security Employee Tax	\$223.63	\$4,547.69
PA State Income Tax	\$110.74	\$2,251.80
HAMPDEN	\$36.07	\$733.47
HAMPDEN TWP	\$1.81	\$43.44
CUMBERLAND VALLEY SD	\$0.19	\$4.56
PA Unemployment Employee	\$2.52	\$51.34

Paid Time Off

Net Pay Distribution

Plan	Current	Balance	Account Number	Account Type	Amount
Paid Time Off	4.3077	25.5951	xxxxxx3393	Checking	\$2,723.11
			Total		\$2,723.11

Pay Summary

	Total Hours	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	97.98	\$3,630.11	\$3,607.03	\$907.00	\$0.00	\$2,723.11
YTD	2024.20	\$73,902.18	\$73,348.26	\$17,050.91	\$0.00	\$56,841.27

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Legend Senior Living, LLC
8415 E 21st St N
Suite 100
Wichita, KS 67206

Pay Statement

Period Start Date 11/24/2024
Period End Date 12/07/2024
Pay Date 12/13/2024
Document 586849

Net Pay \$2,152.56

Pay Details

JASON RYAN MARTIN	Employee Number 001020529	Pay Group Field Hourly
34 ROCKDALE DRIVE	SSN XXX-XX-XXXX	Location 000104- Silver Creek
SEVEN VALLEYS, PA 17360	Primary Job Maintenance Dir	Corporate STORE - STORE
USA	Hourly Pay Rate \$33.7200	Region PA - PA
	Pay Frequency Biweekly	Department 42 - 42
	Date Of Seniority 07/27/2023	Cost Center 000104 - 000104- Silver Creek

Earnings

Pay Type	WK	STORE	Job Code	Hours	Hourly Rate	Current	YTD
Cell Phone	2	000104	Maintenance Dir		\$0.0000	\$23.08	\$577.00
Coefficient Ove	2	000104	Maintenance Dir	0.830000	\$16.8600	\$13.99	\$3,168.84
HOLID - Holiday	2	000104	Maintenance Dir	8.000000	\$33.7200	\$269.76	\$816.70
Overtime	2	000104	Maintenance Dir	0.830000	\$33.7200	\$27.99	\$6,223.24
PTO Pay	2	000104	Maintenance Dir	16.000000	\$33.7200	\$539.52	\$3,730.24
Regular Pay	2	000104	Maintenance Dir	56.170000	\$33.7200	\$1,894.05	\$59,864.66
Bonus-Honor				0.0000	\$0.0000	\$0.00	\$226.56
Bonus-Operation				0.0000	\$0.0000	\$0.00	\$1,000.00
BonusCrit Shift				0.0000	\$0.0000	\$0.00	\$750.00
Holiday Pay				0.0000	\$0.0000	\$0.00	\$313.33
Total Hours Worked	0.00		Total Hours	81.00			

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
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Taxes

Tax Description	Current	YTD
Federal Income Tax	\$290.16	\$8,655.32
Employee Medicare	\$39.81	\$1,103.36
Social Security Employee Tax	\$170.21	\$4,717.80
PA State Income Tax	\$84.28	\$2,336.08
HAMPDEN	\$27.45	\$760.92
HAMPDEN TWP	\$1.81	\$45.25
CLMBERLAND VALLEY SD	\$0.19	\$4.75
PA Unemployment Employee	\$1.92	\$53.26

Paid Time Off

Net Pay Distribution

Plan	Current	Balance	Account Number	Account Type	Amount
Paid Time Off	4.3077	13.9028	xxxxxx3393	Checking	\$2,152.56
			Total		\$2,152.56

Pay Summary

	Total Hours	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	81.00	\$2,768.39	\$2,745.31	\$615.83	\$0.00	\$2,152.56
YTD	2105.20	\$76,670.57	\$76,093.57	\$17,676.74	\$0.00	\$58,993.83

van 20200922



Legend Senior Living, LLC
8415 E 21st St N
Suite 100
Wichita, KS 67206

Pay Statement

Period Start Date 12/16/2024
Period End Date 12/16/2024
Pay Date 12/17/2024
Document 593237

Net Pay \$225.00

Pay Details

JASON RYAN MARTIN
34 ROCKDALE DRIVE
SEVEN VALLEYS, PA 17360
USA

Employee Number 001020529

SSN XXX-XX-XXXX

Primary Job Maintenance Dir

Hourly Pay Rate \$33.7200

Pay Frequency Biweekly

Date Of Separation 07/27/2023

Pay Group Field Hourly

Location 000 04- Silver Creek

Corporate STORE STORE

Region PA - PA

Department 42 - 42

Cost Center 000104 - 000104- Silver Creek

Earnings

Pay Type	WK	STORE	Job Code	Hours	Hourly Rate	Current	YTD
Gift	2	000104	Maintenance Dir		\$0.0000	\$255.08	\$255.08
Bonus-Honor				0.0000	\$0.0000	\$0.00	\$226.56
Bonus-Operation				0.0000	\$0.0000	\$0.00	\$1,000.00
BonusCrit Shift				0.0000	\$0.0000	\$0.00	\$750.00
Cell Phone				0.0000	\$0.0000	\$0.00	\$577.00
Coefficient Ove				0.0000	\$0.0000	\$0.00	\$3,168.84
HOLID - Holiday				0.0000	\$0.0000	\$0.00	\$816.70
Holiday Pay				0.0000	\$0.0000	\$0.00	\$313.33
Overtime				0.0000	\$0.0000	\$0.00	\$6,223.24
PTO Pay				0.0000	\$0.0000	\$0.00	\$3,730.24
Regular Pay				0.0000	\$0.0000	\$0.00	\$59,864.66
Total Hours Worked 0.00	Total Hours 0.00						

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
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Taxes

Tax Description	Current	YTD
Federal Income Tax	\$0.00	\$8,655.32
Employee Medicare	\$3.70	\$1,107.06
Social Security Employee Tax	\$15.82	\$4,733.62
PA State Income Tax	\$7.83	\$2,343.91
HAMPDEN	\$2.55	\$763.47
HAMPDEN TWP	\$0.00	\$45.25
CUMBERLAND VALLEY SD	\$0.00	\$4.75
PA Unemployment Employee	\$0.18	\$53.44

Paid Time Off

Net Pay Distribution

Plan	Current	Balance	Account Number	Account Type	Amount
Paid Time Off	0.0000	13.9028	xxxxxx3383	Checking	\$225.00
Total					\$225.00

Pay Summary

	Total Hours	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	0.00	\$255.08	\$255.08	\$30.08	\$0.00	\$225.00
YTD	2105.20	\$76,925.65	\$76,348.65	\$17,706.82	\$0.00	\$59,218.83

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Legend Senior Living, LLC
8415 E 21st St N
Suite 100
Wichita, KS 67206

Pay Statement

Period Start Date 12/08/2024
Period End Date 12/21/2024
Pay Date 12/27/2024
Document 594168

Net Pay \$2,279.38

Pay Details

JASON RYAN MARTIN
34 ROCKDALE DRIVE
SEVEN VALLEYS, PA 17360
USA

Employee Number 001020529
SSN XXX-XX-XXXX
Primary Job Maintenance Dir
Hourly Pay Rate \$33.7200
Pay Frequency Biweekly
Date Of Seniority 07/27/2023
Pay Group Field Hourly
Location 000104- Silver Creek
Corporate STORE STORE
Region PA - PA
Department 42 - 42
Cost Center 000104 000104- Silver Creek

Earnings

Pay Type	WK	STORE	Job Code	Hours	Hourly Rate	Current	YTD
Cell Phone	2	000104	Maintenance Dir		\$0.0000	\$23.08	\$600.08
Coefficient Ove	2	000104	Maintenance Dir	4.730000	\$16.8600	\$79.75	\$3,248.59
Overtime	2	000104	Maintenance Dir	4.730000	\$33.7200	\$159.50	\$6,382.74
Regular Pay	2	000104	Maintenance Dir	80.000000	\$33.7200	\$2,697.60	\$62,562.26
Bonus-Honor				0.0000	\$0.0000	\$0.00	\$226.56
Bonus-Operation				0.0000	\$0.0000	\$0.00	\$1,000.00
BonusCrit Shift				0.0000	\$0.0000	\$0.00	\$750.00
Gift				0.0000	\$0.0000	\$0.00	\$255.08
HOLID - Holiday				0.0000	\$0.0000	\$0.00	\$816.70
Holiday Pay				0.0000	\$0.0000	\$0.00	\$313.33
PTO Pay				0.0000	\$0.0000	\$0.00	\$3,730.24
Total Hours Worked 0.00			Total Hours 84.73				

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
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Taxes

Tax Description	Current	YTD
Federal Income Tax	\$332.30	\$8,987.62
Employee Medicare	\$42.58	\$1,149.64
Social Security Employee Tax	\$182.08	\$4,915.70
PA State Income Tax	\$90.16	\$2,434.07
HAMPDEN	\$29.37	\$792.84
HAMPDEN TWP	\$1.81	\$47.06
CUMBERLAND VALLEY SD	\$0.19	\$4.94
PA Unemployment Employee	\$2.06	\$55.50

Paid Time Off

Net Pay Distribution

Plan	Current	Balance	Account Number	Account Type	Amount
Paid Time Off	4.3077	18.2105	xxxxxx3393	Checking	\$2,279.38
			Total		\$2,279.38

Pay Summary

	Total Hours	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	84.73	\$2,959.93	\$2,936.85	\$680.55	\$0.00	\$2,279.38
YTD	2189.93	\$79,885.58	\$79,285.50	\$18,387.37	\$0.00	\$61,498.21

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